

**INDIANA DEPARTMENT OF COMMERCE
OFFICE OF INTERNATIONAL TRADE
TRADE SHOW ASSISTANCE PROGRAM (TSAP)
Application**

This application is used by the Office of International Trade to determine if an Indiana business is eligible for funding under the Trade Show Assistance Program.

***ALL QUESTIONS MUST BE ANSWERED THOROUGHLY
PLEASE TYPE OR PRINT CLEARLY***

Name of Company _____

Contact Person _____

Address _____

City, Zip _____ County _____

Telephone _____ Facsimile _____

Year firm was established _____ Number of employees worldwide _____
(Number of employees must include parent companies, subsidiaries, etc.)

Annual company sales _____ Federal I.D.# _____
(must be provided)

Basic Industry Classification _____
(E.g. Hardware, Automotive, Etc.)

Is your company 51% or more:

Woman-owned ____ Yes ____ No

Minority-owned ____ Yes ____ No

If minority owned, please indicate the following:

____ African American ____ Multiracial ____ Hispanic

____ American Indian or Alaskan Native ____ Asian or Pacific Islander

____ Other (indicate) _____

**The above information is for reporting requirements
only and does not establish approval or rejection.**

Name of trade show _____

Show location and dates _____
(a copy of the trade show brochure must be attached)

Is your company new to export? _____ New to this specific market? _____

What type of relationship are you seeking? _____ Agent _____ Distributor

_____ Joint Venture _____ License _____ Direct to OEM

_____ Other (Specify) _____

Name/Title of employee planning to attend trade show _____

Product(s) to be exhibited at show _____

SIC Code(s) _____

What percentage of your product is manufactured in Indiana _____ %

How did you hear of this show?

How did you hear of the TSAP? _____

Are you sharing a booth? _____ If yes, with how many companies? _____

Why have you selected this trade show for participation and what are your objectives/goals? (Be thorough. Use additional paper if needed.)

[illegible]

Exhibit A, Page ____ of ____

Private For-Profit Businesses (regardless of organizational structure)

Applicant hereby affirms that it is properly registered with the Indiana Secretary of State and is in good standing with the Indiana Department of Revenue. Applicant also affirms that, (1) there are no outstanding enforcement actions against it by the Indiana Department of Environmental Management, (2) that all permits have been acquired or are in process with the Indiana Department of Environmental Management and Indiana Department of Natural Resources, and, (3) there are no significant workforce issues, such as a pending reduction in the applicant's workforce or pending or threatened workforce action against the applicant. The below-named signatory hereby warrants that they are authorized to make such affirmations to the Indiana Department of Commerce.

I agree that all information provided on this application is true to the best of my knowledge. Upon approval of this application I will abide by the Conditions of Participation for this Program, which were provided to me along with this application, and will enter into a written agreement with the State of Indiana.

Applicant's Signature

Date

Print Name

Title

Return to:

Indiana Department of Commerce
Office of International Trade
One North Capitol, Suite 700
Indianapolis, IN 46204-2288
317-2323762
Attention: Pam Willett

